

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-62-006616	
PARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 765											
AMENDED											
FILED MAR 7 1962											
1. PLACE OF DEATH											
a. COUNTY Jackson											
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)											
a. STATE MISSOURI b. COUNTY JACKSON											
b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR TOWN											
KANSAS CITY 69 YEARS KANSAS CITY											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits d. STREET ADDRESS (If outside, give location)											
General Hospital Yes X No <input type="checkbox"/> 418 EAST 9TH STREET STUDIO BUILDING Reside on Farm Yes <input type="checkbox"/> No XX											
3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year											
Mae Belle Marshall 2 7 62											
5. SEX 6. COLOR OR RACE 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR											
Female White Widowed X Divorced <input type="checkbox"/> 11/9/86 75 Months Days Hours Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY											
AT HOME ----- JERSEYVILLE, ILL. U.S.A.											
13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE											
WILLIAM LaRUE FRANCES WATERMAN CHARLES LEE MARSHALL											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
NO ----- VIRGINIA LEE HATTY INDEPENDENCE, MO 306 NO. LIBERTY											
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) broncho pneumonia INTERVAL BETWEEN ONSET AND DEATH											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days											
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour a.m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE											
21. I attended the deceased from 2-3-62 to 2-7-62 and last saw her alive on 2-7-62											
Death occurred 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED											
Frank Ellis 2400 Cherry 2-8-62											
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREATOR 23d. LOCATION (City, town, or county) (State)											
BURIAL FEB. 10, 1962 MT. WASHINGTON CEMETERY KANSAS CITY MISSOURI											
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE											
D.W. NEWCOMER'S SONS 1331 BRUSH CR. 2-9-62 Ruth Long											
(Licensed Embalmer's Statement on Reverse Side)											

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert J. Ray*

Licensed Embalmer No.

*4182*

P. O. Address

*K. C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.